

## Combined Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled OPTICAL FIBER TREATMENT APPARATUS the specification of which

(check one)	<input checked="" type="checkbox"/>	is attached hereto.
	<input type="checkbox"/>	was filed on _____ as Application Serial No. _____
	<input type="checkbox"/>	and (if applicable) was amended on: _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
Number	Country	Day Month Year Filed	YES	NO
10-2004-0009448	KOREA	13/02/2004	X	
10-2004-0107088	KOREA	16/12/2004	X	

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulation, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status- patented, pending, abandoned
PCT/KR2005/000386	11/02/2005	Pending

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

_____
_____
_____

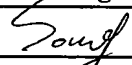
_____
_____
_____

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys, and/or agents with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

CUSTOMER NUMBER 23413

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to Customer No. 23413, Cantor Colburn LLP, 55 Griffin Road South, Bloomfield, CT 06002, Telephone No. (860) 286-2929.

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

<b>Full Name of Sole or First Inventor</b>	<b>Inventor's Signature</b>	<b>Date</b>
SONG, Jae Seop		11/07/2006
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<b>Full Name of Second Joint Inventor, If Any</b>	<b>Inventor's Signature</b>	<b>Date</b>
Residence:		Citizenship:
Post Office Address:		
<b>Full Name of Third Joint Inventor, If Any</b>	<b>Inventor's Signature</b>	<b>Date</b>
Residence:		Citizenship:
Post Office Address:		
<b>Full Name of Fourth Joint Inventor, If Any</b>	<b>Inventor's Signature</b>	<b>Date</b>
Residence:		Citizenship:
Post Office Address:		
<b>Full Name of Fifth Joint Inventor, If Any</b>	<b>Inventor's Signature</b>	<b>Date</b>
Residence:		Citizenship:
Post Office Address:		
<b>Full Name of Sixth Joint Inventor, If Any</b>	<b>Inventor's Signature</b>	<b>Date</b>
Residence:		Citizenship:
Post Office Address:		